



Table Top Drill – School Nurse Notes

Allergic reactions may occur anytime/anywhere. If the school nurse is not available, who is trained to respond? Does your school have an Emergency Response Team?

Each table top drill is designed to be led by the school nurse or health care designee in the school setting. The staff invited to participate in the drill should include the school administrator, teachers, support staff, special area teachers and anyone who supervised students at risk for anaphylaxis.

Review each scenario with school staff.

Questions to ask following each scenario are found on the table top drill pages.

Review school staff member roles – have each staff member describe the action that they would take in the scenario.

Notes on scenarios:

Elementary

Olivia is exhibiting signs and symptoms of an anaphylactic reaction – likely to a food. Does she have a known allergy? You can move through the scenario with a known allergy or an unknown allergy:

- **For a known allergy:** Follow student Emergency Care Plan. Administer Olivia’s prescribed epinephrine auto-injector as soon as possible.
- **For an unknown allergy:** Follow school district protocol. Administer stock epinephrine

Middle School

Trevor has signs and symptoms of a Type 1 latex allergy – likely from touching a balloon. The PE teacher should not leave him alone and should start care based on his Emergency Care Plan. If Trevor carries epinephrine, it should be given without delay. If not, the school nurse should respond with an epinephrine auto-injector.

Secondary School

Jacklyn is exhibiting anaphylaxis after getting stung by a bee. The teacher on the field should call for help and keep Jacklyn calm while the school nurse or designee respond. Follow the student’s Emergency Care Plan. Administer Jacklyn’s prescribed epinephrine auto-injector as soon as possible.

General thoughts:

- Consider having staff member call ambulance in earshot of the nurse to free the nurse to provide direct care.
- Remove the allergen from the student or the student from the allergen as soon as possible.
- How do students gain access to epinephrine during related activities, including athletic trainings or events and filed trips?

Notes on Emergency Care for all Anaphylactic Emergencies

GIVE EPINEPHRINE WITHOUT DELAY – EPI FIRST, EPI FAST

- Follow the student’s Emergency Care Plan.
- Monitor the student; do not have him/her rise to an upright position.
- If no improvement occurs or if symptoms return or worsen in five or more minutes, administer a second dose of epinephrine.
- Send used auto-injector to the hospital with the student.
- Alert parents and transport to hospital by ambulance. If parents are not present, have school staff member accompany the student to the hospital and stay until a parent arrives.

Table Top Drill – Elementary School

Olivia, a second grade student begins coughing in the classroom. The teacher notes there is some swelling around Olivia’s eyes and lips. The teacher keeps Olivia calm and calls the school nurse. Olivia begins to wheeze and starts grabbing her neck. She is gasping for air and cannot speak.

- What do you see? What signs and symptoms of anaphylaxis are present?
- What do you do first?
- What steps should you follow next?

School Staff Member Roles in an Anaphylaxis Emergency

School Nurse or designee	Lead the emergency response – call 911 (EMS – Emergency Medical Services) Provide direct care; administer epinephrine as needed
School Administrator	Report to the scene of the emergency to provide support Reroute students as needed – contact parents Designate staff member to accompany student to hospital as needed
Teacher	Move class from the scene of the emergency Provide support to witnesses
School Counselor (Mental Health Staff)	Support students who witnessed the emergency event Provide counseling to students who are upset
School Secretary	Photocopy student contact information Alert parents as to where to meet child (ask for preferred hospital) Greet and direct EMS to site of the emergency to aid quick response

Adjust roles as appropriate for your school’s unique staffing pattern and school layout

Questions for Consideration

- Is there an Emergency Care Plan for this student? If so, always initiate the plan immediately.
- Reactions happen away from the school health office → Who is trained in your school to respond to an allergic emergency?
- How is your school prepared for responding to students who exhibit signs and symptoms of anaphylaxis but have no previously known allergy?
- Is epinephrine immediately available?
 - o Does your school have stock epinephrine?
 - o Where is the student’s epinephrine stored?
 - o Who in your school can administer epinephrine?

Table Top Drill – Middle School

Seventh-grade student Trevor is playing basketball in the gym. The physical education (PE) teacher calls the school nurse on the walkie-talkie and says that Trevor has hives on his hands and face and reports feeling “itchy.” The PE teacher thinks that he’s trying to get out of playing and wonders if he needs to send him to the nurse. While talking, Trevor begins to wheeze and gasp for air.

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Table Top Drill – Secondary School

Jacklyn, a 10th Grader, has an insect venom allergy and while she is out on the athletic field, a bee stings her. There is swelling at the sight of the sting. She starts wheezing and grabs her neck, saying, “My chest feels tight and I can’t breathe! I have epinephrine, but it’s in the school in my locker.”

- What do you see? What signs and symptoms of anaphylaxis are present?
- What do you do first?
- What steps should you follow next?

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